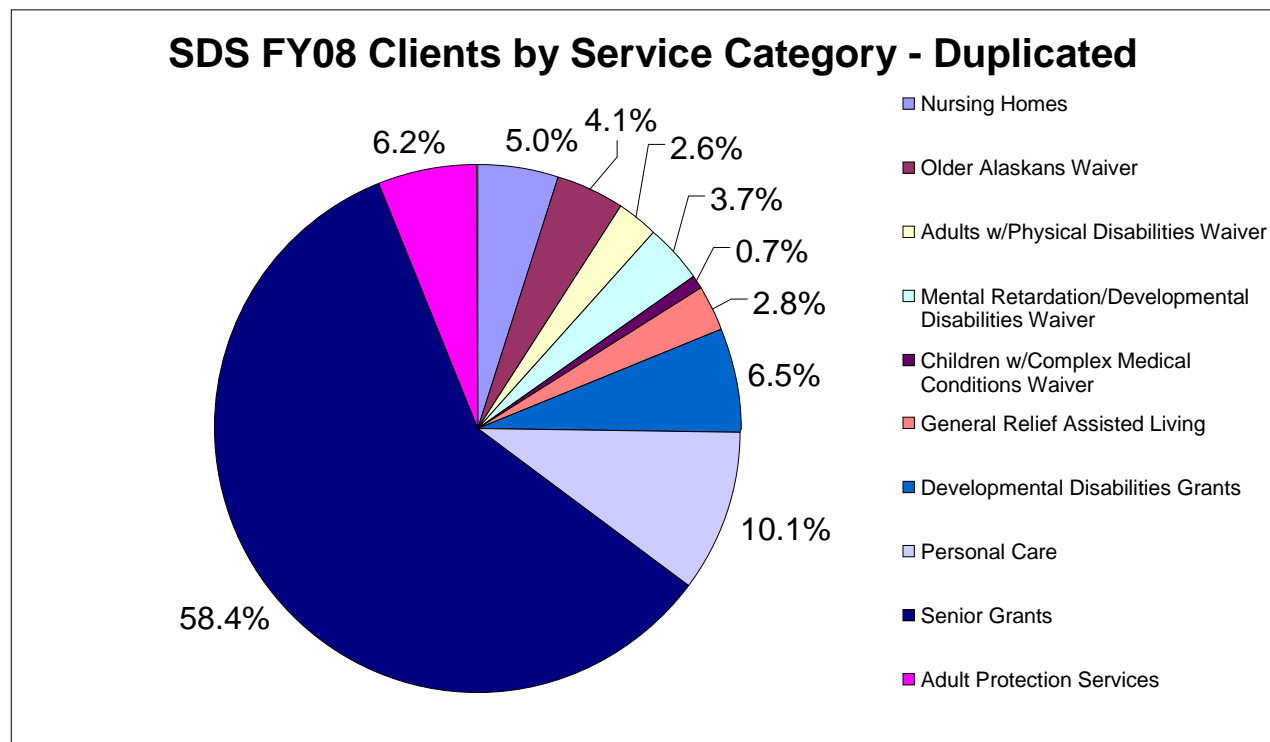


SENIOR & DISABILITIES SERVICES QUARTERLY REPORT Third Quarter FY 2009

Senior and Disabilities Services (SDS) provides access to long-term services and supports for low-income seniors and people with physical, intellectual and developmental disabilities. Services are funded through Medicaid, the federal Older Americans Act and state general funds (GF), and provide the choice of nursing home care or home and community-based services that allow the individual to remain in their home and community for as long as possible.

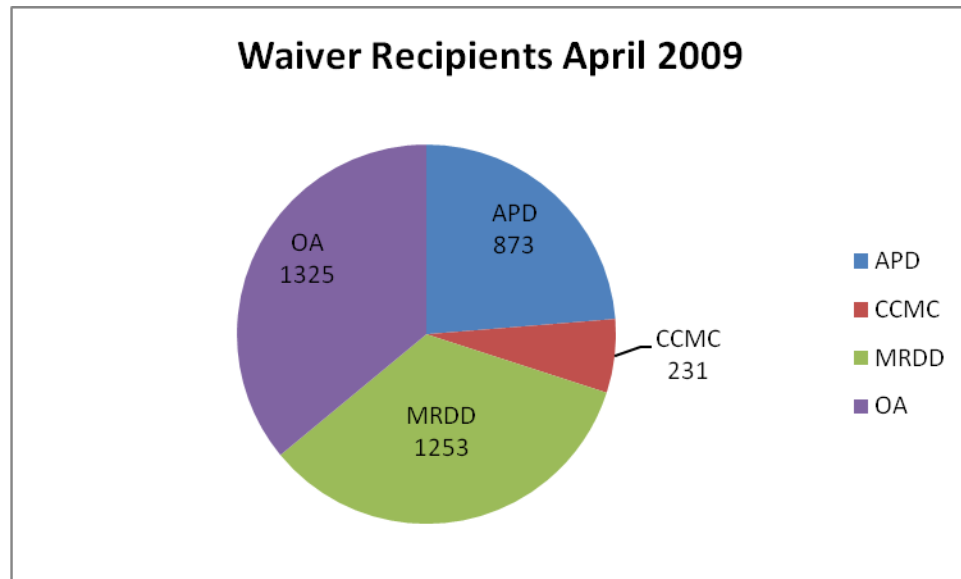


HOME & COMMUNITY-BASED SERVICES

Medicaid waivers provide the majority of long-term services and supports to needy Alaskans. Waiver programs allow the state to “waive” some of the federal rules governing Medicaid so that people can receive the services in their own homes and communities.

SDS administers waivers serving four distinct groups - Adults with Physical Disabilities (APD), Children with Complex Medical Conditions (CCMC), individuals with Mental Retardation and Developmental Disabilities (MRDD) and Older Alaskans (OA). Currently, waivers serve over 3,500 individuals with a variety of home- and community-based services and supports including care coordination, home health care, chore service, habilitation and respite.

To be eligible for an OA or APD waiver an individual must be both Medicaid-eligible and be found to need the level of care available in a nursing home. The Division of Public Assistance (DPA) determines financial eligibility, and the SDS Assessment Unit performs the level of care assessments (LOC) statewide with nurses based in Fairbanks, Anchorage, Wasilla, Juneau, Bethel, Homer, and Soldotna. This quarter 954 individuals were assessed for waiver eligibility.



New Initiatives

- Alaska's size, lack of highway infrastructure and inclement weather create barriers to timely assessments. SDS is developing a telemedicine program to link assessors and waiver applicants living in remote or inaccessible regions of the state. Over the past decade, Alaska has developed a statewide satellite network dedicated to telemedicine and telebehavioral health services. The majority of small towns and villages across the state are now linked to the network, and routinely use this technology to connect to medical, psychiatric and pharmacy services located in hub cities. SDS will utilize the Alaska-based "Connect MD" satellite network and state of the art videoconference equipment to complete initial assessments of waiver applicants and reassessments of recipients.
- The digitized assessment tool, the E-CAT, is now being field tested by nurse assessors. This tool will streamline the assessment process and significantly improve accuracy, the collection of data and assessment timeliness.
- Greater utilization of the SDS "DS3" data-base that will facilitate electronic notification of scheduled visits, assignments by region/zip code and use of map-based software to help locate clients' homes and reduce driving time and mileage costs.
- Staff are in the process of revising the *Long Term Care Prior Authorization Manual*.

- Nurses will visit active OA/AP waiver clients in their homes. The home visit process will establish a baseline for customer satisfaction and appropriateness of services.

Personal Care Assistance (PCA) Services

Over 3,100 Alaskan seniors and individuals with disabilities receive Personal Care Assistance (PCA). PCA services provide personal support such as help with bathing and eating as well as practical activities such as shopping and light housework. PCA is provided statewide through private agencies or through a “consumer-directed” model, where consumers manage their own care by selecting, hiring, firing and supervising their own PCA. There are currently 68 active PCA providers statewide.

New Initiatives

- **Program Improvement Activities:** The PCA Unit has established a Policy and Procedure workgroup that will continue the process of developing policy for the PCA program. Five PCA agency representatives will provide key stakeholder input to ensure rational policy development.
- **Provider Relations:** PCA staff have made site visits to the Anchorage Neighborhood Health Center and the PCA provider network on the Kenai Peninsula to both educate on the PCA assessment process and take stakeholder input on improving SDS/provider relations.

Services for People with Developmental Disabilities

The State of Alaska recognizes a developmental disability as a severe, chronic disability that is attributable to a mental and/or physical impairment, is manifested before the individual turns age 22 and is likely to continue indefinitely. The disability must result in substantial functional limitations in three or more areas including self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living or economic self-sufficiency. In addition, the individual must need extended or lifelong coordinated services or supports.

To promote the independence of people with developmental disabilities, SDS administers Medicaid waiver programs for Mental Retardation and Developmental Disabilities (MRDD) and Children with Complex Medical Conditions (CCMC). To be eligible, the individual must be financially needy and, have physical needs that, absent special home and community-based services, would require care in an institution. This quarter SDS assessed 277 individuals for the MRDD waiver using the *Inventory for Client and Agency Planning* (ICAP), a functional assessment tool required by regulation. A separate CCMC assessment tool is used to assess eligibility for the CCMC waiver. Currently there are 205 active CCMC waiver recipients and 36 pending.

SDS also administers the ICAP level of care assessment for the “TEFRA” Program, created by the federal Tax Equity and Fiscal Responsibility Act. Under TEFRA, states can make Medicaid benefits available to severely ill children at home, even though those children would not

ordinarily be eligible due to parental income or resources. To qualify, a child must require a level of care provided in a hospital, including an inpatient psychiatric hospital, nursing facility or intermediate care facility for the mentally retarded. This quarter SDS assessed 77 individuals

The Division of Public Assistance (DPA) manages the TEFRA Medicaid program and determines financial eligibility, and SDS makes the “level of care” determinations using the Inventory for Client and Agency Planning (ICAP). This quarter 77 ICAP assessments for TEFRA Medicaid were completed.

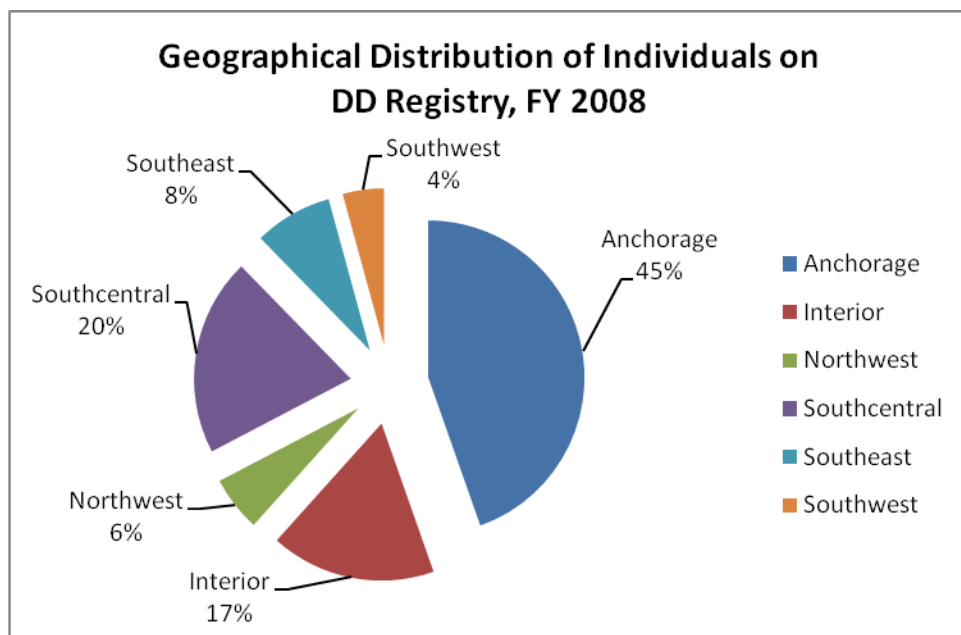
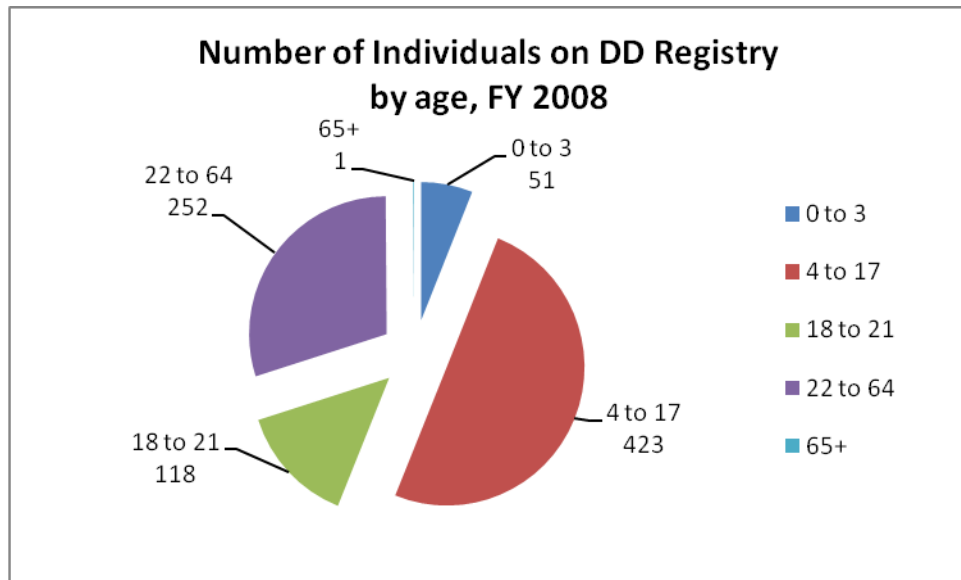
- Overall, there are currently 1,489 individuals actively eligible for DD services.
- 155 are in pending status, and need a redetermination or new application.
- 43 are in screening status, where an application has been received but eligibility has not yet been determined.
- 100 determinations were made this quarter.

DD Registry

The Department of Health and Social Services maintains the “Developmental Disabilities Registry,” a list of individuals who experience a developmental disability and have requested services. An FY 2007 \$3 million budget increment allowed SDS to remove many additional individuals from the registry and provide them a variety of services and supports. With approval of the Centers for Medicaid and Medicare (CMS) and the advocacy of the Governor’s Council on Disabilities and Special Education, the Alaska Mental Health Trust Authority (AMHTA), and representatives of the Alaska Association on Developmental Disabilities (AADD), SDS will remove 200 persons annually from the Registry and assess their need for waiver services.

There are currently 892 individuals on the Registry. Ages range between 1 and 70 years with a mean age of 18. Those on the Registry are eligible for grants and services offered through Community DD grants. Each month 50 individuals are drawn from the Registry to begin the Medicaid waiver assessment process.

SDS has recently published the *2008 Waitlist Report* as required by state statute. The report provides background information as well as statistics on the individuals currently on the Registry. The report is available on the SDS web at <http://www.hss.state.ak.us/dsds/>.



New Initiatives

A collaborative effort is underway by the Department of Health and Social Services (DHSS) and the Alaska Mental Health Trust Authority (the Trust) to keep people with disabilities from moving to levels of care that are more restrictive. The project's goals are to identify and address service gaps for individuals that are difficult to serve due to severe maladaptive behaviors, and as a result, are at risk of institutionalization. The targeted individuals are Trust beneficiaries (persons with a developmental disability, mental illness, Alzheimer's and other cognitive impairments or chronic alcoholics with psychosis) who experience one or a combination of disorders.

The Trust along with DHSS divisions of SDS, Behavioral Health, Pioneer Homes, and Office of Children's Services have contracted with Western Interstate Commission on Higher Education (WICHE) to perform an issues analysis and develop an options brief and a strategic planning report. WICHE Mental Health Program staff are examining the literature, available data and reports from Alaska and other states, and conducting key informant interviews as a means to articulate clearly the issue for Alaska along with potential solutions. Additionally, staff are conducting recipient surveys to capture information about individuals who represent the target population. Findings from the survey will identify the clinical functional presentations of these individuals and assist with determining the placement barriers and resources needed for successful treatment in Alaska. This process will also include an examination of models used by other states that have successfully employed cost-effective alternatives to ICF-MRs. In addition, WICHE will examine and report on Medicaid options used effectively by states to fund services for the target population.

WICHE will present a final report to the Department and The Trust in July 2009.

Grant Funded Services

The SDS Grants Unit oversees the administration of a wide variety of grant programs that provide home and community based services to seniors, caregivers, adults with physical disabilities and individuals with developmental disabilities. Grant funds are awarded to local non-profit or other eligible organizations who in turn deliver an array of services in their communities statewide. Grant services are intended to provide necessary supports to eligible individuals (who do not qualify for services under the HCB Medicaid Waiver Program) so that they can remain in their own homes and communities and/or to assist their caregivers. The most utilized services provided through SDS grant programs include:

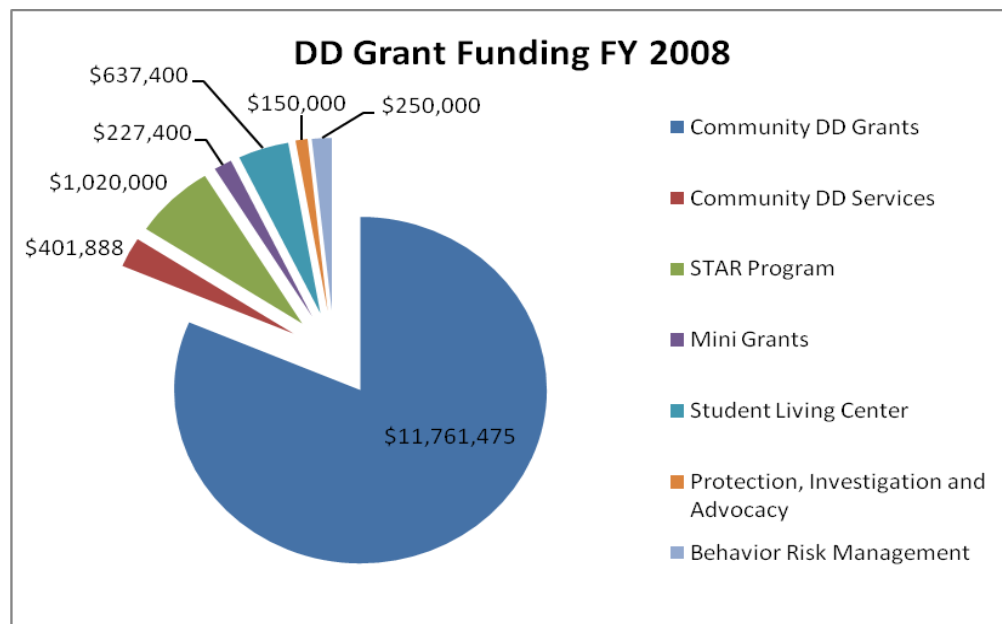
Information and Assistance	Mini-grants
Case Management	Legal Assistance
Chore	Health Promotion
Congregate or Home Delivered Meals	Respite
Transportation	Supported Employment
In-Home Services and Support	ARD Education and Support
Aging and Disability Resource Centers	

In FY 2008, SDS served over 19,940 individuals with \$25,560,929 in grants.

Developmental Disabilities Grant Program

- Request for Proposal. This spring SDS posted solicitations for the FY2010-2012 funding cycle for the *Community Developmental Disability Grant (CDDG)* program and the *Short Term Assistance and Referral (STAR)* program. For 2010, the total available funding for CDDG is \$11,700,000 and for STAR, \$1,247,400. SDS will announce awards in June 2009.

- New Policy and Procedures:
 - CORE P&P that addresses program requirements for providing services under the CORE funding option has been finalized and posted on the SDS.
 - STAR/Mini-grant P&P was out for public comment and final changes are being made. Final draft will be posted on or before July 1, 2010.
- Data Collection through On-Line DD Census:
 - DD Grant Program Manager Laurie Cooper is working closely with grantees to improve and standardize reporting of grant expenditures. This will be the first year we will be able to analyze expenditures of DD grant funds statewide that will illustrate the number of units provided, the numbers of individuals served, spectrum of services provided and the costs to the grant of providing those services. Thank you to all DD grantees!



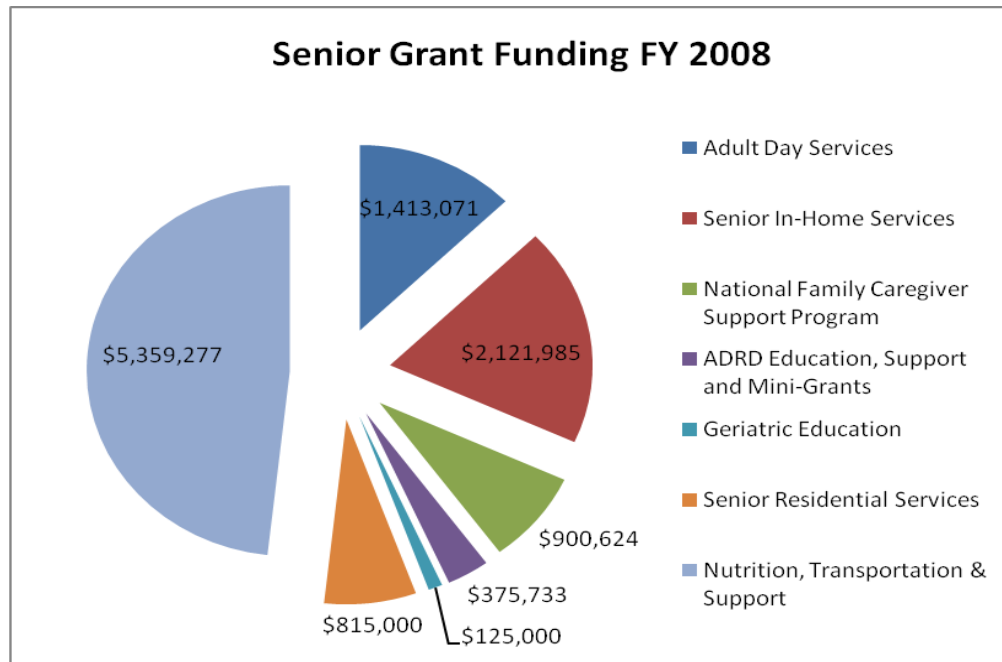
Senior Home and Community Based Services Grant Programs (HCB)

- RFP's: This spring SDS posted grant solicitations for the FY2010-2012 funding cycle for the *Adult Day Care* program and the *National Family Caregiver Support (NFCSP)* program. For 2010, the total available funding for Adult Day is \$1,554,551 and for NFCSP, \$990,817. Awards will be announced in June 2009.

Senior Nutrition, Transportation and Support Services grant programs (NTS)

- The State of Alaska accepted federal economic stimulus funds for Senior Nutrition that will provide an increase in funding for Congregate and Home delivered meals. In the near future SDS will announce how providers will receive these funds.

- Wasilla Senior Center Update: NTS Program Manager Joan Gone is working closely with the new director of the Wasilla Senior Center to ensure home delivered and congregate meals will continue to be available for Wasilla seniors. SDS has provided emergency funding to the center so they can continue to operate through the end of the fiscal year.



Aging and Disability Resource Center (ADRC)

- The Senior Health Information Office and Aging and Disability Resource Centers applied collaboratively for a Medicare Improvements for Patients and Providers Act (MIPPA) grant to provide outreach to Medicare beneficiaries eligible for Part D and low income prescription assistance.
- ADRC Advisory council is moving forward on developing Mission/Vision Statement and a marketing and outreach plan.
- Network of Care / 211 – ADRC will be evaluating both the Network of Care and 211 database systems to determine which system will be adopted in 2010.

Rural Long Term Care Development program (RLTC)

The intent of this Mental Health Trust funded program is to provide technical assistance and support to rural communities interested in developing services to help elders and individuals with disabilities remain in their communities. RLTC projects include:

- Galena- Assisted Living development underway
- McGrath- Planning and community assessment

- Unalakleet- Workforce development
- Tanana- Medicaid Certification
- Housing Summits: The Mental Health Trust Authorities' housing focus team has planned housing summits in Fairbanks and Juneau. The goal of these summits will be to provide communities looking into housing projects and overview of the process and to connect them with a staff person so they can receive assistance and support for their project.

NURSING FACILITY CARE

The SDS Long Term Care Unit screens and evaluates individuals requesting nursing home services. In the second quarter of FY 2009 341 new residents were authorized for nursing home stays for a total of 1,158. The projected cost of nursing home care in FY 2009 is \$85,222,600.

In keeping with our service principles, SDS puts a high priority on assisting people to transition out of nursing homes and into more independent, community-based care. Transition funds typically pay for a variety of services and/or equipment needs such as PCA, chore services, taxicab fare from facility to home, linens, widening of doorways and other environmental modifications. Since July 1, 2009 10 individuals have transitioned. During this quarter the average cost of transition services was \$1,233.

OPERATIONS INTEGRITY

The Operations Integrity Unit oversees state sponsored care coordination, waiver quality review, prior authorizations for waiver services and the distribution of document after an eligibility decision or a change in services.

New Initiatives

- **COSI Cessation Project.** COSI is the computer interface used by care coordinators to submit Medicaid claims for services provided to waiver recipients. As the next step toward integration of COSI into DS3, SDS has initiated an interim process designed to reduce care coordinators' workload and streamline the waiver process. Currently, the COSI process for OA/APD waivers requires care coordinators to make COSI data entries, uploads and downloads. In the new process, SDS staff will make all those inputs. Care coordinators who participated in a December 15th teleconference forum praised the new process as they will no longer have to deal with technical problems posed by COSI. SDS staff will also save time once needed for problem-solving and technical support. The new process went into effect on January 2nd and also paves the way for other waiver documentation, such as the Plan of Care, to be integrated into a web-based model.
- **Developmental Disabilities (DD) Waiver Prior Authorizations Study.** Ongoing agency complaints regarding slow DD waiver prior authorizations prompted a process analysis. A review of all DD waivers processed in the first six months of calendar year 2008 was

initiated 12.16.08 to obtain factual data for PA input processing time and determine if valid inefficiencies exist. The results of this analysis are expected to be completed for review by the SDS Senior Managers in the first week of Jan. 2009.

ADULT PROTECTIVE SERVICES

Adult Protective Services (APS) helps to prevent or stop harm to vulnerable adults 18 years of age or older. Vulnerable adults are those that have a physical or mental impairment or condition that prevents them from protecting themselves or seeking help from others. The harm they suffer may result from abandonment, abuse, exploitation, neglect, undue influence or self-neglect.

With a statewide staff of 10 investigators, the APS unit conducted 686 intakes during the third quarter of FY 09 with 605 cases requiring APS action. While Alaska Statute requires a response to non-emergency reports of harm within 10 days, the APS worker has an average response rate of 1.6 days.

APS utilizes funds from the General Relief Program (GR) to house victims of abuse and neglect. This quarter the APS Unit took 163 applications for GR and served a monthly average of 420 clients on this critical program.

New Initiatives

- The Anchorage Police Department has added APS to its automated report generation program. Now anytime an officer has concerns about a vulnerable adult they simply have to push a button that automatically forwards a report of concern to the SDS APS office.
- In an effort to increase awareness of adult abuse and neglect, APS has formed a committee to develop a CD for reporting adult abuse. The IMIG Company has been contracted to produce the CD expected to be completed by Spring 2009. In addition, APS will be working with media outlets during the month of May 2009 for National Elder Abuse Prevention Month. The goal is to reach as many Alaskans as possible in an effort to educate the community on abuse and prevention interventions.
- APS will be hosting a conference in August 2009 on Wound Identification and Forensic Photography.

SENIOR INFORMATION OFFICE

The Senior Information Office (SIO) is a one-stop resource for information on Medicare, the federally funded health insurance program serving approximately 52,000 elderly and disabled Alaskans.

The SIO coordinates two statewide programs, the State Health Insurance Assistance Program (SHIP) and the Senior Medicare Patrol (SMP). The SHIP program, funded through a grant from

the Centers for Medicare and Medicaid (CMS), offers Medicare beneficiaries outreach, education and counseling on how to get the most out of Medicare. The SMP grant, received from the federal Administration on Aging, helps to protect seniors from being victimized or unwittingly contributing to fraud, waste and abuse of Medicare and Medicaid. Both utilize a well-trained cadre of 54 volunteers around the state working from senior centers, pharmacies, Aging and Disability Resource Centers (ADRC), senior services agencies or their own homes.

New Initiatives

- The Centers for Medicare and Medicaid Services (CMS) awarded \$157,211 for the FY 2009 SHIP program. This will enable the SIO to continue one-on-one counseling and outreach to people age 64 and older who need authoritative information on Medicare and to provide one-on-one counseling to Medicare beneficiaries. These funds will be used to conduct three days of training in mid October to the dozens of Medicare counselors across Alaska.
- In March, the SIO applied for \$149,995 in continuation funds for the Senior Medicare Patrol. Awards will be made June 1, 2009.
- In collaboration with the Aging and Disabilities Resource Center network (ADRC), the SIO submitted a “Medicare Beneficiary Outreach and Assistance Program” proposal to the federal Administration on Aging (AOA) for \$56,000. Funds will be used to conduct a direct mail campaign targeting low-income residents eligible to apply for the Medicare Buy-In and/or Extra Help for Prescription Drugs. Eligibility in either of these programs benefit Medicare beneficiaries by eliminating the Part B monthly premium, Part D Prescription Drug Plan premiums, deductibles and it lowers the co-payments for medications. Funds will support ADRC staff training on how to assist beneficiaries access these programs.

QUALITY ASSURANCE

SDS is committed to continuous improvement of long-term care services provided to consumers. The Quality Assurance Unit (QA) takes the lead in safeguarding the quality and integrity of SDS programs by gathering and analyzing program data, offering technical assistance to providers and strengthening the information network among consumers, service providers and the SDS staff. The QA unit also evaluates program performance through audits and surveys and collaborates with other units in the implementation of the SDS quality assurance plan.

New Initiatives

- **Participant Experience Survey Pilot.** SDS has piloted the “Participant Experience Survey” designed to gather data on recipients’ satisfaction in the areas of access to care, choice and control, respect and dignity and community integration. SDS managers and the Steering Committee have reviewed preliminary results from the pilot and are setting up procedures to incorporate regular use of the survey.
- **Payment Error Rate Measurement (PERM).** The Centers for Medicare & Medicaid Services (CMS) implemented the Payment Error Rate Measurement (PERM) program to measure improper payments in the Medicaid program and the State Children's Health Insurance Program, known in Alaska as Denali KidCare. PERM is designed to comply with the Improper Payments Information Act of 2002. QA Staff are responding to requests from service providers for training and support as they prepare for PERM audits. QA recommends that providers study checklists on the PERM website for help in preparing the documentation needed if they have a claim audited in the PERM or other audits.
- **Training Opportunities.** The QA unit offers a variety of training for service providers including Care Coordination and PCA certification/documentation. QA also offers Assisted Living Home training every other month, with over 70 providers receiving training this year. Also in development is certification and documentation training for all other waiver providers, scheduled to commence in fall 2008.

POLICY AND PROGRAM PLANNING

The Policy and Program Planning Unit (P&P) facilitates the development, coordination and dissemination of policy and business procedures that guide the provision of quality and cost-effective long-term services and supports to eligible elderly or disabled individuals. Sound policy development maintains the legal and programmatic integrity of SDS by ensuring adherence to relevant law and regulation controlling access to and provision of services.

Other duties of the unit include administrative maintenance of four Medicaid waivers, tracking and analysis of relevant state and federal legislation, and research on innovations and best practices in home and community-based services. The P&P Unit also collaborates with other

state agencies, service providers, stakeholders and the larger community to address systemic challenges to the provision of quality social services.

New Initiatives

- **Transparent Policy Development.** SDS is committed to participatory policy development through stakeholder involvement in the policy making process. When a policy is complex or changes provider business practice, the P&P Unit may convene a “policy workgroup” made up of SDS staff and community service providers. In addition, SDS releases every draft policy affecting the way providers do business for review and comment. The comments often result in policy changes that improve service delivery to the people we serve.

In addition, SDS is working toward greater policy integration across the multiple programs administered by the agency. As these policies come on-line, they will appear in the new on-line SDS Policy Manual. The new policy format includes the purpose of the policy, the responsibilities of SDS, providers, applicants and recipients, and procedures for carrying out the policy intent.

- **Traumatic Brain Injury (TBI) Program Development.** SDS is working with the Alaska Brain Injury Network (ABIN) on development of a State TBI Program. The plan includes the addition of a state case manager at SDS who will work victims of TBI and their families to craft a plan of community supports and services. With the help of a consultant to ABIN, staff are developing a policy and procedure manual, job descriptions and assessment tools.